



Cyber Robotics Learning

LEGO Robotics Activities & Classes

Registration Form

Child's Name	Last:	First:
Parent Name	Last:	First:
Child's Birth Date		
Entering Grade		
Child's School		
Home Address		
City/State/Zip Code		
Phone Number		
Email		
Emergency Contact Name/Phone Number		

Class Information	Name:	Session Number:
Class Location		

Payment of \$ _____ is enclosed. Check# _____

Parent's Name (Please Print) _____

Parent's Signature (I understand and adhere to all conditions set forth in this form.)

Please mail your check or money order and the completed registration form to:
Cyber Robotics Learning LLC.
P.O. Box 8225, Saddle Brook, N.J. 07663
www.CyberRoboticsLearning.com cyberroboticslearning@yahoo.com Tel) 201-768-6111